

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to close an open enrollment by performing the exit workflow. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Birthdate: * _____ Social Security Number: * _____

Step 2: Project Exit

Complete the project exit information and please note all fields with an * are required fields. Complete additional forms for each household member exited.

Exit Date: * _____

Destination:*

- ☐ Place note meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency Shelter, including hotel or motel paid for with shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven
- ☐ Foster Care Home or Foster Care Group Home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, Prison, Juvenile Detention Facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment or Detox Center
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or Motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living with friends, temporary tenure (e.g., room, apartment or house)
- ☐ Staying or living with family, temporary tenure (e.g., room, apartment or house)
- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Moved from one HOPWA funded project to HOPWA PH
- ☐ Moved from one HOPWA funded project to HOPWA TH
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, VASH Subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client with RRH or equivalent subsidy

- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with other ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Other

- ☐ No exit interview completed
- ☐ Other
- ☐ Deceased
- ☐ Client Don't Know
- ☐ Client Refused
- ☐ Data Not Collected

Exit Reason:

- | | |
|---|--|
| <input type="checkbox"/> Left for a housing opportunity before completing the program | <input type="checkbox"/> Needs could not be met by program |
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Non-payment of rent/occupancy charge | <input type="checkbox"/> Death |
| <input type="checkbox"/> Non-compliance with Program | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Criminal activity/destruction of property/violence | (Other Exit Reason_____) |
| <input type="checkbox"/> Reached maximum time allowed by program | <input type="checkbox"/> Unknown/Disappeared |
- End Case Assignment: ☐

Covered by Health Insurance:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Type of Insurance:*

- | | |
|--|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> State Health Insurance for Adults (HIP or HIP 2.0) |
| <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) | <input type="checkbox"/> Indian Health Service (Native American) |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | <input type="checkbox"/> Other Public |
| <input type="checkbox"/> Health Insurance Obtained through COBRA | <input type="checkbox"/> Other_____ |

Status:*

- | | | |
|---|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> No | |
| <input type="checkbox"/> Start Date:_____ | <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date:_____ | <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data Not Collected |
| | <input type="checkbox"/> Insurance type N/A for this client | |

Alcohol Abuse

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Developmental Disability

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Drug Abuse

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

HIV/AIDS

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

HIV/AIDS Continued

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Mental Health

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Physical Disability

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Chronic Health Condition

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Financial Assessment:*

Non Cash Benefits:* ☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP)
\$ _____
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Source

Employment Assessment:*

Employed:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

If Yes, Type of Employment:*

- ☐ Full-Time ☐ Part-Time
- ☐ Seasonal/sporadic (including day labor)

If No, Why Not Employed:*

- ☐ Looking for Work ☐ Not Looking for Work
- ☐ Unable to Work

Child Education Assessment:*

Last Grade Completed:*

- ☐ Less than grade 5 ☐ Some college
- ☐ Grades 5-6 ☐ Associate's degree
- ☐ Grades 7-8 ☐ Bachelor's degree
- ☐ Grades 9-11 ☐ Graduate degree
- ☐ Grade 12/High School Diploma ☐ Vocational certificate
- ☐ School program does not have grade levels ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ GED ☐ Data Not Collected

School Status:

- ☐ Attending school regularly
- ☐ Attending school irregularly
- ☐ Graduated from high school
- ☐ Obtained GED
- ☐ Dropped out
- ☐ Suspended
- ☐ Expelled
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Health Assessment:*

General Health Status:*

- ☐ Excellent ☐ Very Good
- ☐ Good ☐ Fair
- ☐ Poor ☐ Client Doesn't Know
- ☐ Client Refused ☐ Data Not Collected

Dental Health Status:*

- ☐ Excellent ☐ Very Good
- ☐ Good ☐ Fair
- ☐ Poor ☐ Client Doesn't Know
- ☐ Client Refused ☐ Data Not Collected

Mental Health Status:*

- ☐ Excellent ☐ Very Good
- ☐ Good ☐ Fair
- ☐ Poor ☐ Client Doesn't Know
- ☐ Client Refused ☐ Data Not Collected

If female, pregnancy status:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

Commercial Sexual Exploitation/Sex Trafficking:*

Ever received anything in exchange for sex (e.g., money, food, drugs, shelter)?

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

If yes, in the last three months?

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

How many times?

- ☐ 1-3 times ☐ Client Doesn't Know
- ☐ 4-7 times ☐ Client Refused
- ☐ 8-11 times ☐ Data Not Collected
- ☐ 12 or more times

Ever made/persuaded/forced to have sex in exchange for something?

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

If yes, in the last three months?

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

Labor Exploitation/Trafficking:*

Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Ever promised work where work or payment was different than you expected?

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Felt forced, coerced, pressured, or tricked into continuing the job?

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Have you had jobs like these in the last 3 months?

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

RHY Exit Assessment:* *(Street Outreach project participants skip to Contact on page 6)*

Project Completion Status:*

- ☐ Completed project
☐ Youth voluntarily left early
☐ Youth was expelled or otherwise involuntarily discharged from the project
☐ Involuntary Reason:
☐ Criminal Activity/Destruction of Property/Violence
☐ Non-Compliance with Project Rules
☐ Non-Payment of Rent/Occupancy Charge
☐ Reached Maximum Time Allowed by Project
☐ Project Terminated
☐ Unknown/Disappeared

Counseling Assessment:*

Counseling received by client:*

- ☐ Yes
If yes, type(s) of counseling received: (select all that apply)
☐ Individual
☐ Family
☐ Group – including peer counseling
☐ No

Number of sessions received by exit:*

Total number of sessions planned in youth's treatment or service plan:*

A plan is in place to start or continue counseling after exit:*

- ☐ Yes
☐ No

Safe and Appropriate Exit Assessment:*

Exit destination safe as determined by client:*

- ☐ Yes
- ☐ Client Refused
- ☐ No
- ☐ Data Not Collected
- ☐ Client Doesn't Know

Exit destination safe as determined by the project/caseworker:*

- ☐ No
- ☐ Worker Does Not Know
- ☐ Yes

Client has permanent positive adult connections outside of project:*

- ☐ No
- ☐ Worker Does Not Know
- ☐ Yes

Client has permanent positive peer connections outside of project:*

- ☐ No
- ☐ Worker Does Not Know
- ☐ Yes

Client has permanent positive community connections outside of project:*

- ☐ No
- ☐ Worker Does Not Know
- ☐ Yes

Aftercare Plans Assessment:*

Aftercare was provided:

- ☐ Yes
- ☐ No
- ☐ Client Refused

Identify the primary way it was provided:

- ☐ Via email/social media
- ☐ Via telephone
- ☐ In person: one-on-one
- ☐ In person: group

Contact:* *(Only for Street Outreach project participants)*

Date of Contact:*

Contact with:*

Enrollment:*

Staying on streets, ES or Safe Haven:*

- ☐ No
- ☐ Yes
- ☐ Worker unable to determine

Other helpful resources at www.IndianaBOS.org.